

3438 Evergreen Pt. Rd.
Medina 98039

No home there.

Post MARK 5/24/11



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

JUL -7 A8:48

DEPT. OF ECOLOGY
BUDGET

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CGI-158498CL@169 WRIA 8
DATE ACCEPTED 7/7/11 BY OK
FEE \$ 50- REC'D 7/7/11
CHECK No. 3
SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Jason & Kristen Bay	PHONE NO. ()	FAX NO. ()
ADDRESS Forward information to contact below.		
CITY	STATE	ZIP CODE

CONTACT NAME (IF DIFFERENT FROM ABOVE) Anna O'Connell, Kenneth Philp Landscape Architects	PHONE NO. (206) 783-5840	FAX NO. (206) 706-1915
ADDRESS 2724 NE 55th Street		
CITY Seattle	STATE Wa	ZIP CODE 98105

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. CGI-158498CL@169

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER WRC 15698	RECORDED NAME(S) King County Water District #1
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: King County Water District #1	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wells			NW	17	25	5E	1725059034	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Washington			NW	24	25N	4E	7397300010	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	293.6	473.58	Year round, with summer peak period.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 0.54 acres	20 GPM	2.2	April 15 th to October 31st
Municipal	Balance	Balance	Year around with summer peak period.

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
King County Water District #1 service area (the north half of Yarrow Point)							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	17	25	5E	KING	1725059034	2.21
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: King County							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
ROLFES EVERGREEN POINT TRS PCL C MEDINA BLA #2008-02 REC #20080627900020 SD BLA BEING PCL A & C MEDINA LLA #2007-03 REC #20070910900003 BEING POR TR 1 SD ADD & POR GL 5 STR 24-25-4							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	24	25N	4E	King	7397300010	0.81
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

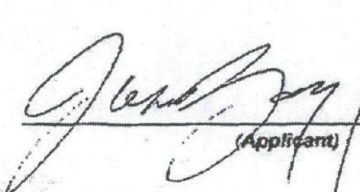
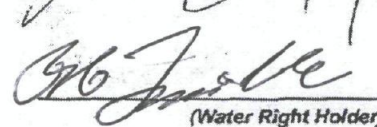

Total acres to be irrigated :	0.54
Acres of turf to be irrigated:	0.13
Acres of other types of plants (landscaping and shrub) to be irrigated:	0.41
Pumping Rate (GPM):	20
Even or Odd Day Requested (To be assigned based on availability):	BOTH EVEN AND ODD
Watering Time of Day Requested (To be assigned based on availability):	Between 3am-6am
IF FOR SEASONAL OR TEMPORARY, START DATE: April 15 th END DATE: October 31st	

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u></u> (Applicant)	<u>Kitter Bay</u>	<u>5.14.11</u> (Date)
<u></u> (Water Right Holder)	<u>Pres KCWDI</u>	<u>7.5.11</u> (Date)
<u></u> (Land Owner(s) of Existing Place of Use)	<u>Pres KCWDI</u>	<u>7.5.11</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____